

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		9/18/00
O.I.P.E. CLASSIFIER		48	9/14/00
FORMALITY REVIEW	<i>[Signature]</i>	716296	9/24/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	9/18/00
2	✓	✓	9/18/00
3	✓	✓	9/18/00
4	✓	✓	9/18/00
5	✓	✓	9/18/00
6	✓	✓	9/18/00
7	✓	✓	9/18/00
8	✓	✓	9/18/00
9	✓	✓	9/18/00
10	✓	✓	9/18/00
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If more than 150 claims or 10 actions  
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